



# THE JOINT PATHOLOGY CENTER MANUAL

NUMBER 6465.05

Code

SUBJECT: CONTRIBUTORS' MANUAL

REFERENCES:

- a. Code of Federal Regulations 49 CFR Parts 173 and 178
- b. 42 CFR 72.3(c)
- c. USPS Publication 52, Appendix C
- d. USPS Packaging Instruction 6C for Clinical (Diagnostic) Specimens and Biological

Products

1. PURPOSE: The purpose of this manual is to assist contributors in submitting cases to the Joint Pathology Center (JPC). Following these guidelines will ensure expeditious processing of cases and timely rendering of consultation reports. This manual also describes the JPC's policy for retention of pathologic materials.

2. APPLICABILITY: This Manual applies to all DOD, VA Medical Facilities and other US Federal Agencies.

3. DEFINITIONS:

JPC – Joint Pathology Center

HIPAA – Health Insurance Portability and Accountability Act

SSN – Social Security Number

4. RELEASABILITY: UNLIMITED. This Manual is approved for public release and is available on the Internet from the JPC website at [www.jpc.capmed.mil](http://www.jpc.capmed.mil).

5. EFFECTIVE DATE: This manual is effective upon its publication to the JPC Website.

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## CHAPTER 1

### WHO MAY SUBMIT CASES TO THE JOINT PATHOLOGY CENTER

The JPC accepts cases, from U.S. military, Veterans Affairs (VA), and other U.S. Federal Agencies, for second opinion consultation. The JPC does not generally provide primary human pathology services (with the exception of nerve, muscle, renal biopsies, and electron microscopic evaluation of cilia motility disorders). Additionally, the JPC will accept cases for primary pathology for Veterinary Pathology and for Depleted Uranium (DU) and Embedded Fragment analysis with prior arrangement with these functions. At this time, limited telepathology secondary consultation is available, under prior arrangement, to a limited number of facilities. All telepathology services will be provided as secondary consultation and the JPC will not provide primary pathology services or frozen section 'second reads' by telepathology. At this time, the Joint Pathology Center does not provide ophthalmologic consultation by telepathology.

## CHAPTER 2

### CASE SUBMISSION REQUIREMENTS AND RESPONSE TIME

Depending on the type of case being submitted and the type of assistance being requested, there are certain submission requirements that must be met before a case can be accepted at the JPC.

**NOTE: JPC does not accept cases involving cytology except when the cytologic preparation is part of a surgical pathology secondary consultation. Although the JPC will provide organ-specific consultation on autopsy material, the JPC, at this time, will not provide consultation on entire autopsies and the JPC will not perform autopsies. Organ-specific pediatric pathology consultation will be provided by the appropriate subspecialty.**

#### 2-1. General Submission Requirements and Policies

a. JPC personnel are prohibited from rendering an opinion, written or verbal, on any non-accessioned case. All cases for which an opinion is being sought must be submitted for accessioning to the JPC.

b. All pathology consultation records maintained by the JPC are protected by the Privacy Act and by the regulations implementing the Health Insurance Portability and Accountability Act (HIPAA). A copy of the JPC Privacy Act Systems Notice for our pathology consultation case files is available upon request or from the Defense Privacy Office. The JPC falls under the DoD Notice of Privacy Practices. This notice can be found on the JPC web site at [www.jpc.capmed.mil](http://www.jpc.capmed.mil). The following basic items are required for each consultation case submitted to the JPC:

(1) A completed JPC *Contributor's Consultation Request Form*. It is available as a download from the JPC website, [www.jpc.capmed.mil](http://www.jpc.capmed.mil), click on "Consultation." When completing the form, it is extremely important that the following data be completed in its entirety:

(a) Contributor's name and address - Give the pathologist's name, the name of your laboratory and a complete address with zip code. Include your telephone number and extension, including area code, your fax number and email address. Please identify yourself in the same manner for all cases submitted. If your address changes please indicate this on the JPC *Contributor's Consultation Request Form* with the next case submission. Telephone numbers provided must include country code. All contributors should also indicate their hours of operation.

(b) Laboratory Specimen Number - Label each pathologic specimen container with two identifiers, i.e. patient name, date of birth, social security number, pathology/surgical/autopsy number and all accompanying documents with the correct pathology/surgical/autopsy number. Glass slides and paraffin blocks must have at least one identifier. List all pathology numbers for which material is being sent on the JPC *Contributor's Consultation Request Form* along with the number of each sent. Any discrepancies between the paperwork submitted and the lab numbers on the submitted materials must be resolved prior to accessioning and will cause delays in processing the case. The submitting institution's pathology examination or tissue examination report (with patient information that link the specimen to the appropriate patient) **must** accompany any

pathology material submitted for consultation. The *JPC Contributor's Consultation Request Form* does not suffice to meet this requirement. The *JPC Contributor's Consultation Request Form* must be submitted **in addition to** the submitting institution's pathology examination report.

(c) Complete Patient Name -- The patient's full name, including the middle initial, with last name first. Without the patient's name or social security number, it is impossible to collate previous and subsequent submissions. Cases submitted without a specific name will be processed as a "No Name" case and will not be retrievable for comparison purposes unless the assigned JPC accession number is provided by the contributor on subsequent submissions.

(d) Social Security Number (SSN) - The patient's social security number is important for identification purposes as it is used to distinguish the patient from all others having the same or similar name. If the patient is the family member of a service member include the Family Member Prefix (FMP) with the **military sponsor's** social security number. Also, include the patient's own social security number if available.

(e) Date of Birth - This is another identifier used in the same manner as the SSN. If the date of birth is unavailable, please provide the patient's estimated age at the time the specimen was taken.

(f) Sex - This information is very important, especially if the patient has a unisex name.

(g) Race/Ethnicity - This information not only aids in the rendering of a diagnosis in some cases, it is extremely useful for future research.

(h) JPC Accession Number - If previous material was submitted to the JPC or the Armed Forces Institute of Pathology (AFIP) include the JPC/AFIP accession number with any follow-up material, if available. The JPC/AFIP accession number is a unique number assigned to a case by the JPC or the AFIP when it is initially submitted for consultation. Providing a prior JPC/AFIP accession number is the fastest and most certain way for our pathologists to correlate previous submissions on patients.

(2) A summary of the clinical history giving the symptoms and their duration, the location and size of lesion(s), laboratory data (if done), the clinical diagnosis and the treatment. This can be attached to the *JPC Contributor's Consultation Request Form* as separate correspondence or can be indicated in the remarks section.

(3) A copy of the surgical pathology report with a gross description and the submitting pathologist's diagnosis. Include the exact anatomic location, the lesion(s) size and the relationship of the lesion(s) to adjacent structures. Without a copy of the pathology report, the case will not be accessioned at the JPC and this will delay review.

(4) Microscopic Slides - Cases for secondary consultation must include hematoxylin and eosin (H&E) stained slides. It is strongly recommended that either unstained slides or the tissue blocks be submitted with the case. Failure to do so may delay review of the case.

(5) Paraffin Blocks - While not absolutely required, it is strongly encouraged that paraffin imbedded tissue blocks be forwarded with the case so that special stains and studies can be expedited if necessary.

(6) Wet Tissue - Wet tissue may be required if paraffin blocks are unavailable or if special procedures are necessary. Wet tissue must be labeled with two identifiers, i.e. patient's name, accession number, date of birth and social security number.

c. The following additional items should also be sent if available and would be appreciated:

(1) Clinical and gross specimen photographs; ideally as digitized slides on CD or DVD

(2) Radiographs, ultrasound studies, CT scans, MRIs, etc. These add substantially to the diagnostic value of the case and are highly desired by the Gastrointestinal Pathology, Neuropathology, Orthopedic Pathology and Pulmonary Pathology Services. It is strongly recommended that these be provided digitally and not as hard copies.

d. There are certain services within the JPC that, due to their particular mission, have additional requirements. These are detailed below:

(1) Nephropathology - Tissue for immunofluorescence (submitted in an appropriate transport medium such as Michel's Solution), and properly fixed tissue for electron microscopy (submitted in glutaraldehyde). The paraffin embedded tissue block, wet tissue in formalin, or unstained slides should accompany the specimen.

(2) Orthopedic Pathology - Radiographs, including pre- and post-operative films, radionucleotide scans, MRI and CT scans and/or other imaging studies and the operative report. Post operative radiology studies are also helpful when available. Radiology studies on compact computer disks (CDs) are preferred. Any submitted films will be retained, destroyed or returned to the contributor if requested.

(3) Neuropathology - Whole brains, spinal cords, MRI and CT scans and/or other imaging studies, when available. Whole brains should be fixed in neutral buffered formalin for at least two (2) weeks prior to shipment. For muscle and nerve biopsies, frozen tissue for histochemistry in muscle biopsies and properly fixed tissue for electron microscopy is required. Protocols for submission of whole brains, nerve and muscle biopsies are available at [www.jpc.capmed.mil](http://www.jpc.capmed.mil)  
**Please note that no one is available to accept deliveries after hours, on weekends and federal holidays.** Please arrange in advance when submitting tissue for Nerve or Muscle Biopsy examination. The phone number is 301-295-7183.

(4) Hematopathology - Bone marrow aspirate with at least two unstained aspirates and peripheral blood with at least two unstained peripheral blood slides. Spleen and lymph node cases require one representative block in addition to the Hematoxylin and Eosin stained slides. **The JPC does not perform flow cytometry so please do not submit specimens for this.** Material submitted for flow cytometry will be returned to the contributor.

(5) Dermatopathology - Anatomic site of lesion, distribution of lesions (if multiple), duration, clinical appearance, clinical impression, pertinent medications and laboratory data. Tissue for immunofluorescence must be submitted in an appropriate transport medium such as Michel's Solution.

(6) Genitourinary Pathology - Information on family incidence and any applicable clinical tumor marker, e.g., HCG and AFP for testicular tumors and PSA and ultrasound for prostate biopsies. Also information on any treatment given prior to bladder and prostate biopsies.

## 2-2. Additional Case Submission Requirements and Policies

a. A submission that contains two or more cases must also be accompanied by the JPC Form, *List of Enclosed Pathologic Material*, available at [www.jpc.capmed.mil](http://www.jpc.capmed.mil) and the JPC *Contributor's Consultation Request Form* for each patient.

b. **The SERS Quality Assurance Program, previously available to the VA facilities by the Armed Forces Institute of Pathology (AFIP) is no longer an active program** so please do not submit cases for review under the SERS program. These will be returned to the contributor without review.

c. Contributors submitting additional material on a case at the request of a JPC pathologist should include a copy of the original completed JPC *Contributor's Consultation Request Form* annotated with the information that the material currently being submitted is additional material on a previously submitted case and a new consultation is not being requested. This will ensure that it is appropriately processed and added to the current case.

## 2-3. Response Time

a. The staff of the JPC will attempt to forward a completed consultation report to the contributor within five business days from the time of receipt at the JPC for those cases involving the diagnosis of slides alone. An additional two to three days will be required if blocks are used for special stains or immunohistochemistry and for cases requiring additional internal consultation by another service. A longer turn-around time will be required for specimens requiring special procedures, such as neuromuscular processing, metabolic bone analysis or preparation of gross specimens, such as the heart, eye, brain or total prostate.

b. Reports will ordinarily be sent to the submitting laboratory fax number, if the number was noted on the consultation request form. An original report will follow via first class mail. Preliminary telephonic reports may also be made as required to expedite patient care.

c. Some specialties will fax a preliminary diagnosis worksheet or make a preliminary telephonic diagnosis pending final work-up, additional testing and/or additional internal consultations.

## 2-4. Registry Case Submissions:

a. All cases submitted by the Department of Veterans Affairs solely as part of the Agent Orange/Vietnam Service, Kuwait/Persian Gulf War, Operation Iraqi Freedom/Iraq Service, Former Prisoner of War (POW) and Operation Enduring Freedom/Afghanistan Service, in which no JPC consultation is required must be submitted on the *JPC Registry Submission, Acknowledgment and Receipt Form*, JPC Form 543. Cases submitted to the registries listed above will not receive consultation and no consultative report will be issued.

b. The *JPC Registry Submission, Acknowledgment and Receipt Form*, JPC Form 543, along with instructions is available at [www.jpc.capmed.mil](http://www.jpc.capmed.mil), click on "Consultation." The form should be completed in its entirety and sent with the case materials submitted to the registries. It will be faxed back to the submitting VA Medical Center (VAMC), acknowledging the receipt of materials and indicating the JPC accession number.

(1) Use this form for submission of cases for the following war-related Registries:

- (a) Former Prisoners of War (POW)
- (b) Agent Orange/Vietnam Service (AGO)
- (c) Kuwait/Persian Gulf War 1990-1991 (KUW)
- (d) Operation Iraqi Freedom/Iraq Service 2003-Present (IRQ)
- (e) Operation enduring Freedom/Afghanistan Service 2001-Present (AFG)

c. Please complete all sections except the gray sections which are for JPC use only. When the JPC sections are completed the form will be faxed back to the submitting VAMC to acknowledge receipt of the case(s) listed. Individual faxes for each submitted case will no longer be provided. When completing the form, it is extremely important that the following required items be completed in their entirety:

(1) Contributor – Include Department name, VAMC, Street address, City, State and zip code.

(2) Contact Number – Enter the ten digit telephone and fax numbers, including extension for the submitting VAMC Pathology Department.

(3) Submitted - Enter the date the submission is sent to the JPC.

(4) JPC Use Only

(5) a. Patient Name – (Last, First, Middle initial)

b. SSN (Last Four) – Enter the last four digits of the patient's social security number.

(6) Contributor's Accession Number – The written number on the glass slides, paraffin block(s) or fixed wet tissue container(s).

(7) Materials Sent (Quantity) – Enter the number in the appropriate section.



(a) Path/Cytol Report – Send the final pathology or cytology report for the submitted material. The report number should match the number on the submitted material. If double numbered the report must reference the number on the material labels.

(b) Glass Slides – We will accept fixed, stained and coverslipped glass slides and fixed unstained, uncoverslipped slides. If a fixative other than formalin has been used, it should be noted in the pathology or cytology report. No unfixed or fresh frozen material is to be submitted to the Registries.

(c) Paraffin Blocks – We will accept fixed, paraffin-embedded tissue blocks. If a fixative other than formalin has been used, it should be noted in the pathology or cytology report. No unfixed or fresh frozen material is to be submitted to the Registries.

(d) Wet Tissue – We will accept formalin-fixed wet tissue in appropriately sealed containers as outlined in paragraphs 2-1.b.(c) and 3-1.b.(1). No unfixed or fresh frozen material is to be submitted to the Registries.

(8) Registry – Indicate the Registry(s) to which the submitted material should be included using the three letter abbreviations given in paragraph 2.4b(1)(a)-(e).

(9-11) JPC Use Only.

d. If the case being submitted is for consultation (even if the patient has previously had pathology specimens submitted to one of the JPC or former Armed Forces Institute of Pathology Registries), it must be submitted with a *JPC Contributor's Consultation Request Form*, not JPC Form 543. Cases for consultation should not be batched with cases sent for submission to the registries.

e. Shipping Instructions – Please refer the Chapter 3 for shipping instructions. Include “ATTN: Registry Submissions” in the JPC address.

## 2-5. Telepathology Case Submissions

JPC has telepathology capability and telepathology consultation is available to a limited number of facilities. Instructions for submitting cases using this method can be found on the JPC website at [www.jpc.capmed.mil](http://www.jpc.capmed.mil). All patient demographic and contributor information as requested above is still required. It is recommended that the contributor contact the Telepathology Service at [telemed@amedd.army.mil](mailto:telemed@amedd.army.mil) prior to submitting cases for telepathology review to ensure prompt handling of the case.

## CHAPTER 3

### WHERE AND HOW TO SEND CASE MATERIAL

The JPC highly recommends that cases be sent using a commercial express courier service (i.e. FedEx, UPS). All mail sent via routine U.S. postal service routes is irradiated prior to delivery at JPC. This not only causes delays in the receipt of cases, but the enclosed pathologic materials could be damaged to such an extent that a consultation may not be able to be rendered. Contributors ship specimens at their own risk. The following guidelines for the packaging and shipping of specimens will ensure the most expeditious processing and accurate accounting of submitted cases.

#### 3-1. Packing Instructions

a. Packaging of biologic materials must be in accordance with the applicable sections of the Code of Federal Regulations (49 CFR Parts 173 and 178). Contributors are cautioned that these regulations change from time to time and submissions must conform to the regulations current at the time of shipment. Please consult the most current version of United States Postal Service (USPS) Publication 52, Appendix C, USPS Packaging Instruction 6C for Clinical (Diagnostic) Specimens and Biological Products. These instructions are readily available on the web via the USPS web site at [www.usps.gov](http://www.usps.gov).

b. Diagnostic or Clinical Specimens: A diagnostic or clinical specimen is any human or animal material including but not limited to excreta, secreta, blood and its components, tissue and tissue fluids. According to the latest postal guidelines, these specimens should be packaged in the following manner:

(1) The specimen must be packaged in a securely sealed primary container with sufficient shock resistant material to withstand shock and pressure changes. The primary container must be labeled with two identifiers. Absorbent material must surround the primary container in case of leakage. This primary container should be placed in an outer shipping container with secondary leak-proof materials so that if the primary container leaks during shipment, the contents will not escape the outer container. The JPC recommends double bagging all formalin-fixed wet tissue specimens as follows:

(a) Wrap tissue specimens in gauze or paper toweling, place into a plastic bag and saturate with ten percent neutral formalin. Pour off excess fluid; remove as much air as possible, then heat-seal the plastic bag.

(b) Insert this into a second plastic bag, along with identifying information, remove as much air as possible and then seal the second bag.

(2) Clinical specimens exceeding 50 ml. per parcel must be packaged in a fiberboard box or shipping container of equivalent strength. The secondary packaging cannot serve as the outer packaging.

(3) Single primary containers must not contain more than 1,000 ml. of material. Multiple primary containers whose combined volume does not exceed 4,000 ml. may be placed in a single secondary container.

(4) The address side of the package must be clearly marked "Clinical Specimen, Blood Sample," or "Clinical Specimen, Urine Sample," as applicable. The universal biohazard symbol may appear on the side of the package.

(5) Shipment is only permitted via Express Mail, Priority Mail or First Class Mail Service, however, First Class Mail is not recommended due to the high likelihood of irradiation and damage to specimens. When using an express courier service, these same guidelines should be followed.

c. Radioactive material: Institutions wishing to send material containing or that was exposed to radioactive material (radionucleotides) must send documentation from their Institutional Radiation Safety Officer that the material had sufficient decaying time to render it safe for shipment and processing. This material must be shipped in compliance with federal and state regulations for the safe handling of tissues containing radionucleotides.

d. Frozen Tissue Shipments: For all frozen material, the package should clearly state it contains frozen specimens and the following information should be prominently placed on the outer wrapper of all shipments:

Contributor Address  
"Rush Fragile" Label  
Biologic Material  
Dry Ice Will Last for \_\_\_\_ (number of days and/or hours)

e. Microscopic Glass Slides: Slides should be packaged together by surgical number. These often become broken in shipment unless carefully packaged. Commercially available plastic slide holders manufactured to withstand shipment should be used or the slides should be sufficiently wrapped and padded inside their shipping container to prevent breakage.

f. Paraffin Blocks: Paraffin blocks should be packaged together by surgical number and shipped in an appropriately labeled box or plastic bag. Do not wrap in gauze. Paraffin blocks may melt in hot climates so appropriate packaging is recommended prior to shipment.

g. X-rays films: It is strongly recommended that any radiographic studies be submitted as digitized studies on CD or DVD. These are often sent separately from the other case materials and paperwork. If sending these separately, a copy of the JPC *Contributor's Consultation Request Form* must be included with the x-rays. Failure to include the JPC *Contributor's Consultation Request Form* or other identifying information will cause delays in case processing while JPC personnel try to identify the patient and applicable case.

h. When more than one case is included in a shipment, all material pertaining to one patient should be segregated and placed in a sealed plastic bag with the appropriate JPC *Contributor's Consultation Request Form*. The sealed bags should then be placed in an outer package along with a JPC List of Enclosed Pathologic Material.

### 3-2. Shipping Instructions

a. All specimens, other than depleted uranium and embedded metal fragments, case documentation and accompanying correspondence should be forwarded to the following address:

Joint Pathology Center  
Case Accessioning  
606 Stephen Sitter Avenue  
Silver Spring, MD 20910

Depleted Uranium and embedded metal fragment cases are to be sent to:

DU/EMF Laboratory  
Malcolm Grow Medical Center  
1057 West Perimeter Road, GB-033  
Joint Base Andrews, MD 20762

b. If material on the patient was at any time in the past submitted to the AFIP/JPC, clearly mark all subsequent submissions with the AFIP/JPC accession number previously assigned to the patient. If the previous accession number is not known, state that there was a previous submission on the patient and give all possible identifying data (full name, maiden name, SSN, date of birth and name and address of previous contributor).

c. If some material must be forwarded separately, please indicate this in the primary correspondence and include a copy of the completed JPC *Contributor's Consultation Request Form* with the separately forwarded materials. If the material cannot be matched with an accessioned case and the contributor cannot be contacted for clarification, the material will be promptly returned.

d. Contributors are responsible for all mailing and/or shipping costs.

e. DOD medical facilities overseas should ensure that the appropriate customs forms are completed prior to shipment. The customs declaration must include the fact that the material being shipped is of human origin and that it is noninfectious.

## CHAPTER 4

### PATHOLOGIC MATERIALS RETENTION AND RELEASE POLICY

Accessioned cases and associated materials are, in the absence of clear information to the contrary, considered to have been transferred irrevocably to the JPC by gift or other conveyance from an individual or entity with the authority to make such a transfer, and become the property of the JPC when the case is accessioned. Generally, cases will not be accepted if the contributor requests return of all pathologic materials.

#### 4-1. Materials Retention Policy

a. Slides submitted with each case are retained at the JPC. If blocks are also submitted, representative slides prepared at the JPC may be sent to the contributor as enclosures to the consultation report. Exceptions to this slide retention policy are normally approved by the senior pathologist of the service that would review the case. If the return of original slides is approved, digital images of the slides will be made for retention in the case folder.

b. Paraffin blocks and wet tissue specimens may be returned to the original contributor upon request. The return of blocks should be requested at the time of submission on the JPC *Contributor's Consultation Request Form* or later by separate correspondence. To request the return of blocks after they have been submitted, see paragraph 5-2 of this Chapter.

c. Clinical and gross photographs will be copied for retention at the JPC and the originals returned if their return is requested at the time of submission. X-ray films will also be copied for retention and returned.

#### 4-2. Requesting Return or Loan of Materials

a. Arrangements can be made for the JPC to loan pathologic material for patient treatment, research or litigation. In such cases, the JPC will usually retain representative diagnostic material.

(1) Requests from original contributors for return of blocks and/or the loan of pathologic materials will be promptly processed.

(2) Requests from individuals or organizations other than the original contributor must be accompanied by a properly executed HIPAA compliant authorization signed by the patient or designated representative. The HIPAA-compliant Form, DD Form 2870, Authorization for Disclosure of Medical or Dental Information that should be used for this purpose is available at [www.jpc.capmed.mil](http://www.jpc.capmed.mil) or [www.dtic.mil/whs/directives/infomgt/forms/formsprogram.htm](http://www.dtic.mil/whs/directives/infomgt/forms/formsprogram.htm). Subpoenas for materials of living patients will be honored without an accompanying patient or legal representative authorization only if they are signed by an authorized representative of the court (judge or magistrate) and contain findings by the court that the material is relevant to the litigation and no privileges apply. Subpoenas for materials of decedents will be honored without an accompanying personal representative authorization if the subpoena and the circumstances of its issuance constitute a valid basis under local law for the release of the material from JPC to the

requester, and the requestor complies with 45 CFR 164.512(e). To avoid delays, requestors should include an express mail courier account number when requesting the loan or release of material.

b. Loan of materials will usually be for a period of 60 days. Extensions of this loan period must be requested in writing prior to the expiration of the loan period. If it is necessary, for the purposes of litigation, to examine all material at one time, arrangements can be made for experts to examine the material at the JPC.

c. All requests concerning the return and/or loan of pathologic materials should be forwarded to the following address. Requests should not be forwarded to the pathologist or service that originally reviewed the case. Repository employees will retrieve the material requested and coordinate the return or loan with the applicable pathology service.

Joint Pathology Center  
Customer Service  
606 Stephen Sitter Avenue  
Silver Spring, MD 20910  
1-855-393-3904

d. There is no charge for the loan of pathologic materials. Charges will be applied if the JPC is asked to duplicate or cut additional slides.

4-3. Obtaining Copies of Case Files. Requests for copies of the pathologic case file will be processed in the same manner as requests for return or loan of pathologic materials. No fee will be charged to the original contributors or Federal and state governmental agencies. However, a copying, duplication and handling fee will be charged for requests from law firms, insurance companies and patients requesting copies for their personal use. An invoice with payment instructions will be provided along with a copy of the requested record. No fee will be charged patients requesting copies due to continuing medical treatment if the patient requests that the copies be forwarded directly to the treating physician.

## CHAPTER 5

### WHERE TO DIRECT INQUIRIES AND OBTAIN INFORMATION

In order to obtain the most efficient service possible, inquiries and requests for information should be directed to the below listed offices based on what information is required.

#### 5-1. Case Inquiries

a. Inquiries concerning the status of a case recently submitted to the JPC should be directed to Customer Service at 1-855-393-3904. This office will be able to provide the following information about a case if it has already been accessioned: 1) the date the case was accessioned; 2) the JPC accession number assigned; 3) materials received; and 4) whether-or-not the case has been completed. If more information is needed, your call will be transferred to the administrative staff servicing the subspecialty to which the case is assigned. If the case has not yet been accessioned and the contributor has the tracking number, this office can verify whether the package was received.

b. Requests concerning inactive cases and material should be directed to Customer Service at 1-855-393-3904.

c. Inquiries may also be submitted via the JPC website, [www.jpc.capmed.mil](http://www.jpc.capmed.mil) to [jpchelp@amedd.army.mil](mailto:jpchelp@amedd.army.mil). All inquiries containing patient information must be encrypted. We are unable to respond to unencrypted messages containing patient information.

We hope this guide has been useful and assists in expediting the submission of your cases to the JPC. Questions concerning the contents of this guide can be directed to the following address:

Joint Pathology Center  
Customer Service  
606 Stephen Sitter Avenue  
Silver Spring, MD 20910  
1-855-393-3904  
[jpchelp@amedd.army.mil](mailto:jpchelp@amedd.army.mil)

THOMAS P. BAKER  
COL, MC, USA  
INTERIM DIRECTOR  
THE JOINT PATHOLOGY CENTER  
JOINT TASK FORCE NATIONAL CAPITAL  
REGION MEDICAL